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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 16

Application Number	10/685,072
Filing Date	October 14, 2003
First Named Inventor	Frank Olschewski
Art Unit	2872
Examiner Name	Fineman, Lee A.
Attorney Docket Number	21295.66 (H5686US)

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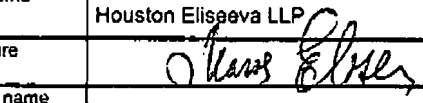
ENCLOSURES *(Check all that apply)*

- [✓] Fee Transmittal Form
- [ ] Fee Attached
- [✓] Amendment/Reply
- [✓] After Final
- [ ] Affidavits/declaration(s)
- [✓] Extension of Time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
- [ ] Certified Copy of Priority Document(s)
- [ ] Reply to Missing Parts/ Incomplete Application
- [ ] Reply to Missing Parts under 37 CFR 1.52 or 1.53
- [ ] Drawing(s)
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation Change of Correspondence Address
- [ ] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CD(s) _____
- [ ] Landscape Table on CD
- [ ] After Allowance Communication to TC
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [✓] Other Enclosure(s) (please identify below):

Request for Continued Examination

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Houston Eliseeva LLP		
Signature			
Printed name	Maria Eliseeva		
Date	June 5, 2007	Reg. No.	43,328

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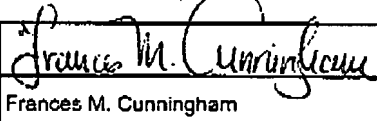
Signature			
Typed or printed name	Frances M. Cunningham	Date	June 5, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (S) 910

Complete if Known	
Application Number	10/685,072
Filing Date	October 14, 2003
First Named Inventor	Frank Olschewski
Examiner Name	Fineman, Lee A.
Art Unit	2872
Attorney Docket No.	21295.66 (H5686US)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): .....

☑ Deposit Account Deposit Account Number 502233 Deposit Account Name: Houston Eliseeva LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☑ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☑ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☑ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims ____ - 20 or HP = ____ x ____ = ____ Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims ____ - 3 or HP = ____ x ____ = ____ Fee Paid ($)

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee ($) ____ Fee Paid ($) ____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets ____ - 100 = ____ Extra Sheets ____ / 50 = ____ (round up to a whole number) x ____ Fee ($) = ____ Fee Paid ($)

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): extension of time for 1 month; Request for Continued Examination	910

SUBMITTED BY

Signature	Maria Eliseeva	Registration No. (Attorney/Agent) 43,328	Telephone 781-863-9991
Name (Print/Type)	Maria Eliseeva		Date June 5, 2007

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